

# Compensation of Hospital Employees



DOH 346-095 (REV 08/01/2016)

Calendar Year: 2019		Entity Name: Grant County Public Hospital District #1 DBA Samaritan Healthcare						
(A) Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	(D) Non-Taxable Benefits	(E) Total
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1 Theresa Sullivan	Yes		272,162	41,778	586	25,000	26,705	366,231
2 Becky DeMers			300,259	19,231	259	19,000	23,870	362,619
3 Alexander Town			235,620	16,783	531	14,428	22,671	290,033
4 Julie Weisenburg			168,840	13,409	874	5,637	15,962	204,722
5 Kathryn Trumbull			142,860	6,622	2,664	25,000	14,210	191,355
6								0
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J <http://www.irs.gov/pub/irs-pdf/i990sj.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Community Health Systems/Hospital Financial and Charity Care Section

MS: 47853

Olympia, WA 98504-7853

email: [hos@doh.wa.gov](mailto:hos@doh.wa.gov)